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## Medicine, gender, and state-building. Jonas Basanavičius and the medicalization of reproduction<sup>1</sup>

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The topic of otherness brought Dagnosław Demski and me together years ago, forging an immediate connection. What impressed me most about Dagnosław then – and continues to do so now – is his openness to new topics and his scientific curiosity which leads him (and he leads other colleagues) to new intellectual “territories”. It is a curiosity and openness that not only allows but also encourages us to return to “old” topics with new research questions, to see and make sense of what had previously gone unnoticed.

With deep gratitude to the editors for inviting me to contribute to this volume in honour of Dagnosław Demski, I take this opportunity to present a historical figure whose life and work epitomise the entangled history of Europe at the turn of the nineteenth and early twentieth century: Dr. Jonas Basanavičius (1851–1927).

My interest in Basanavičius was sparked by my contemporary research on reproductive policies – a topic of significant importance, both historically and today. The current debates around abortion, with renewed and heated controversies between pro-abortion and anti-abortion advocates, are complex. While these debates and movements are international in scope, they also reflect explicit national characteristics. To better understand the contemporary differences, it was worth delving deeper into history to trace the continuities and changes across different political regimes and states.

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This exploration brought me to the origins of the Bulgarian state following the Russo-Ottoman War of 1878 and the establishment of the Principality of Bulgaria and Eastern Rumelia. This led me to “rediscover” the figure of Jonas Basanavičius, also known as Jono Basanavičiaus in Lithuanian, Ivan (Jurevich) Basanovich in Russian and Bulgarian, and Jan Basanowicz in Polish. A physician, folklorist, journalist, and politician, Basanavičius is well-known in the historiographies of Lithuania, Russia, Poland, the Czech Republic and Bulgaria.

The primary sources for this study include historiographical works on Jonas Basanavičius, his extensive study *Materials on the sanitary ethnography of Bulgaria, Lom County 1880–1889* (Basanovich 1891), and his autobiography written in 1921 (Basanavičius 1921).

Here, I wish to focus on his role in establishing the Bulgarian health system, particularly the intertwining of medicine and politics. My emphasis is on gender roles, sexuality, childbirth, abortion and contraception, as these topics reflect broader trends in the development of the Bulgarian nation state during this period.

### Crossing the borders of states and disciplines: Jonas Basanavičius' multiple identities

Jonas Juro Basanavičius was born in 1851 in Oszkobole/Oškbalijs (often described in historiographies as part of Congress Poland, Lithuania, or the Augustów Governorate of the Russian Empire). Born into a farming family, he lived through the Polish-Lithuanian Uprising of 1863 and graduated with honours from the Marijampole Classical High School. In 1873, he enrolled at the Faculty of History and Philology at Imperial Moscow University. Living in an era when an independent national state was seen as a hallmark of civilisation, and coming from a family with a strong Lithuanian ethnic identity, Basanavičius developed a deep sense of political activism. Language, religion and history were viewed as the key pillars of national identity, and Basanavičius cultivated his interests in history, ethnography and archaeology. He authored a Lithuanian spelling book written in the Latin script, which was subsequently banned by Russian authorities. To earn a living, he gave private lessons in the Russian language, history, and mathematics, though he describes his material conditions as quite harsh. “It was only from the autumn of 1874 that my fortunes took a slight turn” (Basanavičius 1921, 3), Basanavičius writes, referring to a scholarship he received from the Russian Minister of Education, with the support of the Warsaw Region Superintendent of Education.

In the autumn of 1874, Basanavičius left the Faculty of History and Philology and transferred to the Faculty of Medicine. He later praised the high standard of med-

ical studies at Moscow University, noting the academic freedom students enjoyed and the prominent, internationally recognised professors who taught there. During his time at the university, Basanavičius developed multiple professional identities. While studying medicine, he also indulged in his passions for history, archaeology, linguistics and ethnography, particularly the history of the Lithuanian nation.

He graduated in 1879 with a medical degree and briefly remained at the medical faculty, but due to the lack of available scholarships or vacancies, he struggled to secure a medical position in Moscow.

## Establishing the health care system in the Principality of Bulgaria

In 1879, due to professional reasons and health concerns, Basanavičius accepted an invitation from the Medical Council of the Ministry of Internal Affairs of the Principality of Bulgaria to take up the post of district doctor and hospital director in the northwestern town of Lom. The demand for medical doctors was high, as the newly established state required a functioning public health system. Most of the first doctors in Bulgaria were either foreigners or Bulgarians educated at medical schools in Moscow, St. Petersburg, Kharkiv, Vienna, Prague, Bucharest or Istanbul. The Principality of Bulgaria adopted a centralised model of governance, with healthcare institutions operating under the jurisdiction of administrative authorities.<sup>2</sup> As a district doctor, Basanavičius was required to coordinate his work with both local and central authorities, which drew him into Bulgarian political life. The frequent changes in administration at both central and local levels, coupled with the internal “partisan struggles in the quest for power” (Daskalov 2005a, 158) set against the backdrop of the conflicting interests of the Great Powers in the Balkans, resulted in considerable political instability (Dimitrov, Manchev 1999; Manchev 2006; Stamatopoulos 2018; Clewing 2011).

Basanavičius supported the Liberal Party of Petko Karavelov (1843–1903), who served as Prime Minister of Bulgaria between 1880 and 1881. After the assassination of Alexander II of Russia and the establishment of Prince Alexander Battenberg’s Regime of Powers, the functions of the Medical Council were curtailed, and the post of Inspector General of the Medical Department was introduced. In response to the suspension of the Bulgarian constitution in 1881, Basanavičius left the country and spent two years in Vienna and Prague.

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2 An extensive overview on the developments in Southeast Europe in the second half of the nineteenth and the first half of the twentieth century, see Sundhausen (2011); on the “Bulgarian case”, see the comprehensive work of Daskalov (2005a; 2005b).

During this period, he continued his medical practice and worked to awaken Lithuanian national consciousness. He specialised in internal medicine, gynecology and surgery, and was involved in the founding of the *Aušra* [Dawn] newspaper. In 1884, following the restoration of the Tarnovo Constitution and the return of the Liberal Party to power, Basanavičius moved back to Bulgaria with his wife, Gabriele Eleonora Mol. Basanavičius spent the next few years as a district physician first in the mountain town of Elena, then again in the town of Lom, where his life took some dramatic turns. He treated soldiers wounded in the Serbo-Bulgarian War (1885), contracted typhus (1886), survived an assassination attempt (1887), and endured the death of his wife, who succumbed to tuberculosis (1889). Despite these challenges, he remained committed to his international activities, attending the Sixth International Congress for Hygiene and Demography in Vienna (1887) and later becoming a member of the Viennese Anthropological Society (Promitzer 2014, 46).

In 1891, Basanavičius was granted Bulgarian citizenship and awarded the Medal for Civil Merit in recognition of his contributions to the country's healthcare system. The following year, he was appointed senior physician at the state hospital in Varna, where he played a key role in the development of the town's healthcare infrastructure. Basanavičius also became actively involved in the Bulgarian Liberal Party, the Bulgarian Medical Association and the Bulgarian Red Cross, and supported the creation of the Varna Archaeological Museum.<sup>3</sup>

Basanavičius retired in 1905 after 25 years of service in Bulgaria. He moved to Vilnius, where he became deeply involved in Lithuanian cultural and political life. He co-founded the Lithuanian Scientific Society, wrote the *Appeal to the Lithuanian nation*, and was the first to sign the Act of Independence of Lithuania on February 16, 1918. Basanavičius lived through the tumultuous years following the First World War, when Vilnius changed hands multiple times. He remained in the city until his death in 1927.

## Building a modern state – medicalisation, population statistics, anthropometry

Dr. Basanavičius prepared his extensive study *Materials on the sanitary ethnography of Bulgaria, Lom County (1880–1889)* during his time in Lom. Spanning 183 printed pages, the study was recognised by Ivan Shishmanov (1862–1928) – a prominent

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3 To mention only a few publications on the life of Basanovich/Basanovicus in Bulgarian historiography: Marinov, Marinova (2001); Kovacheva (2011); Marinov (2015); Milanov (2020).

politician, writer, and ethnographer – who promptly published it in the scientific section of the journal *Сборник за народни умотворения, наука и книжнина* [Proceedings of folk minds, science and literature]. With his broad interest in various scientific fields, Basanavičius sought to provide “an objective and photographically correct picture of the situation” (Basanovich 1891, 4). Serving as a doctor across three districts while also maintaining a private practice, his work provides an “insider” perspective on a region predominantly inhabited by peasants, with three towns and 150 villages. At the same time, it offers an “outsider” view, from an intellectual trained in Europe’s leading academic centers. This unique combination of perspectives makes his publication a vital source for reconstructing the development of Bulgarian society and its healthcare system during this period.

Dr. Basanavičius’s work highlights the foundational elements of building a modern state where the population becomes a key “resource” for national (economic and military) power. Michel Foucault’s concept of biopolitics outlines the various means by which state power seeks to regulate both individual bodies and the population as a whole (Foucault 1998; 2003). Central to this process is the development of policies and mechanisms aimed at public health and risk prevention, which require complex networks integrating medical institutions, social administration, military infrastructure, human sciences and legal norms. The collection and monitoring of demographic statistics on fertility, mortality and migration become strategically important for the nation-state. Basanavičius drew on the “population censuses” conducted up to that point by the Statistical Department, established in 1880 within the Ministry of Finance. From the outset, statistics were used as a predictive science, forming the basis for state demographic policies. Dr. Basanavičius meticulously recorded data from his hospital and private practice, supplementing this with records from village religious institutions including registers of marriages, births, and deaths. He also utilised conscription records, hospital information and local administration data, categorizing the statistics by age, sex, ethnicity and religion (Basanovich 1891, 134).

The doctor describes the Lom county through the lens of the nation-state and its need for a healthy and growing population. Conducting a “medico-physiographic” analysis of the county’s fertile soil, orography, hydrography, climate, flora, fauna (Basanovich 1891, 4–21) and tracking population numbers, Basanavičius concluded:

Especially after the War of Liberation, the Bulgarian population began to grow rapidly: at the first census on January 1, 1881, the population within the present Lom district was found to be 100,885 inhabitants, and at the census of January 1, 1888, it had risen to 114,223.

In just seven years, the population increased by nearly 14,000, and under favorable conditions, it could double in less than 50 years (Basanovich 1891, 28).

A significant focus of his research in the late 1880s was anthropological examination. Basanavičius applied anthropometric methods, distinguishing “blond”, “black”, and “intermediate” types based on hair color, eye color, skin color, physique, muscular system, skull shape and head diameter (measured using the Schädel Index<sup>4</sup>). Anthropometry, during this period, was used in multiple disciplines seeking to explain human evolution. Basanavičius referenced a broad range of contemporary research and works by leading scholars in medicine, anthropology, history and archaeology. During the Sixth International Congress for Hygiene and Demography in Vienna he was influenced by the German-speaking intellectual community. He engaged with the work of the German Anthropological Society (*Deutsche Gesellschaft für Anthropologie, Ethnologie und Urgeschichte* [DAG]), including scholars like Rudolf Virchow (1821–1902) and Wilhelm von Waldeyer (1836–1921). He also drew on the German Orientalist Society’s (*Deutsche Morgenländische Gesellschaft*) research and used the classification of head measurements approach endorsed by these organisations, as well as data from the *Real Encyclopädie der gesamten Heilkunde* and from Russian encyclopedias.

Basanavičius used the term “race” and applied skull measurements, cephalometric data, and general “physical type” data to argue for connections between Bulgarians and ancient Thracian and Sarmatian types, citing extensive literature including Virchow’s study *Alttrajanische Gräber und Schädel* [Old Trojan graves and skulls] from 1882 (Basanovich 1891, 26). Similarly, he linked the Lithuanian nation to Thracian roots, developing his Thracian theory of Lithuanian origin.

However, his focus was not on proving or asserting racial hierarchies or biological determinism,<sup>5</sup> but rather on emphasising the role of social and environmental

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4 The Schädel Index – cephalic or cranial index, was defined by Swedish professor of anatomy Anders Retzius (1796–1860) and first used in physical anthropology to classify ancient human remains found in Europe. In the cephalic index model, human beings were characterised by having either a dolichocephalic (long-headed), mesocephalic (moderate-headed), or brachycephalic (short-headed) cephalic index or cranial index. The theory became closely associated with the development of racial anthropology in the nineteenth and early twentieth century. Basanavičius, citing *Real Encyclopädie der gesamten Heilkunde* [Real encyclopaedia of the entire medicine], vol. XVII, used it in estimating origin (Basanovich 1891, 31).

5 For an overview of the development of racial anthropology and racial hygiene under German influence in Bulgaria up to the Second World War, see Promitzer (2014).

factors. The preventive, hygienic approach to healthcare – emphasising surveillance and control – was a central theme in the early years of the Principality of Bulgaria (Daskalov 2005a; 2005b).<sup>6</sup> During the 1880s, several sanitary regulations were introduced, and doctors were involved in defining the criteria for hygienic living, including requirements for living space such as the minimum standards for light, air, square footage per person, as well as cleanliness. Drawing from his medical experience in Moscow, Prague, Vienna and Munich, Basanavičius initiated the construction of a new hospital in Lom in 1880. The hospital, with a capacity of 80 beds, opened in 1889. It had two wards – one for women and one for men – each with five rooms, all meeting the contemporary standards for space, daylight, heating and food. Disinfection, a key issue in Europe at the time,<sup>7</sup> was conducted in line with the best practices of the day, using acid carbolicum, sulfuric acid and methods such as boiling laundry, etc. (Basanovich 1891, 153–160). The new Lom hospital set medical benchmarks for the region, and Dr. Basanavičius saw it as his duty to introduce hygiene standards to the local population. Progress in this regard, however, was slow. After analysing the distribution of the population by town, village, household and dwelling type, he concluded:

Both rural and urban houses are in a very unsatisfactory state in terms of hygiene. Inadequate light, absence of ventilation, and too often spoiled air in tiny rooms, coupled with uncleanness, none of which can be beneficial to human health (Basanovich 1891, 46).

An essential aspect of Basanavičius's understanding of the complex factors influencing health was literacy. Citing statistics from 1889, he noted that 17.2% of Bulgarian recruits were literate, while 82.8% were illiterate.<sup>8</sup> He argued: "These statistics on literacy have significance in sanitary terms" (Basanovich 1891, 36).

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6 Police regulations for the preservation of public health (1879) and the conditions to be observed in the building of country houses (1880) were adopted; the Sanitary Act of 1888 also established county hygiene boards, whose members were honorary and unpaid, and had no power to enforce their decisions, so in practice they remained of little effect (Daskalov 2005b, 47).

7 *Der gegenwärtige Stand der Desinfections-praxis: bericht über die seit dem VI Internationalen Congresse für Hygiene und Demographie in Wien 1887 bis Mai 1890.../erstattet von Florian Kratschmer* [The present state of disinfection practice: Report on the developments since the VI International Congress for Hygiene and Demography in Vienna 1887 to May 1890.../submitted by Florian Kratschmer]. <https://iif.wellcomecollection.org/pdf/b21710636>, accessed January 13, 2025.

8 On the general development of education, see Sundhausen (2011).

Familiar with modern statistical methods, Basanavičius also highlighted issues with Bulgaria's legal framework and the implementation of sanitary regulations:

There is no statistical data on the influence of climate or social relations (poverty, wealth, occupation, housing, etc.) on mortality. Moreover, there is insufficient data on disease mortality, as the death registers in the villages are kept not by specialised death-verifiers but by village priests and scribes, who have no concept of disease recognition or nomenclature. Diseases are entered in registers by their vernacular names, often with little scientific relevance (Basanovich 1891, 141).

The concept of biopower involves the development of normative frameworks around health and pathology. The quote above reveals the start of a slow processes of collecting and analysing patient data and of introducing diagnostic classifications. It highlights one of the main problems facing Bulgaria at the end of the nineteenth century: high levels of illiteracy, lack of resources and a shortage of qualified personnel.

### Views on gender roles: Normal – healthy – fit/suitable

Basanavičius conducted anthropometric research on 185 women and nearly 2,500 men, viewing the body as an object of measurement, interpreted through purposive and value-laden lenses. He noted: "Since only about 5–6% of the population currently uses modern medical care, the material for observation is very insufficient" (Basanovich 1891, 111). The gender imbalance in his research, with more men examined than women, can be explained by his work in military recruitment offices. Basanavičius's analysis makes explicit a particular semantic relationship: normal = healthy = fit/suitable. The categories were gendered, with "suitable/fit" associated with fertility or the ability to give birth for women, and the ability to participate in military service for men. Basanavičius noted:

The average chest circumference of recruits (1955 through 1889) was 84 cm, but 23.32% of recruits were found to have a chest circumference less than half their height, which significantly reduced the number of recruits deemed fit for military service. The muscular system, in both men and women, was sufficiently developed through physical labour, but most individuals are light blooded [anemic] and poorly nourished (Basanovich 1891, 30).



From his bourgeois perspective, Basanavičius stated: “In aesthetic terms, the population of the county is not distinguished, and pretty types are rarely found” (Basanovich 1891, 32). This comment reflects the emerging divide between bourgeois urban and rural populations. He described women as having “massive legs, wide waists, and well-developed musculature, with rather large breasts”, also noting that “menstruation typically began at 14–15 years of age for peasant women, compared to 12–13 for urban women, with cessation around 40–45 years” (Basanovich 1891, 32). The peasant women were described as highly fertile, with wide pelvises and the ability to “give birth easily, having 12–15 or more children” (Ibidem).

While not explicitly stated, Basanavičius likely included in his studies women from brothels and those registered with syphilis.<sup>9</sup> The underlying semantic framework, linking “normal” with “healthy”, “fit”, and “moral”, reveals the gendered and moralistic judgments embedded in his scientific approach.

### Sexuality: Questioning patriarchy?

Sexual behaviour, considered a private matter today, held public significance in many societies until the late nineteenth century. As a Catholic, Dr. Basanavičius adhered to foundational religious beliefs that regarded marriage as the only morally acceptable context for sexual relations. However, as a doctor, he was confronted with realities far removed from these norms. Syphilis, for example, used as a term for various sexually transmitted infections, was one of the most severe diseases of the time, often described in contemporary terms as a pandemic due to its transnational spread.

Syphilis – popularly known as “camel shuga” and “franga” – is endemic and widely recognised throughout the Balkan Peninsula, not only in Bulgaria but also in Serbia, Bosnia and Herzegovina, and Macedonia. In neighbouring Romania, it is also rampant (Basanovich 1891, 122).

Basanavičius provided detailed tables documenting cases, and noted that Danube cities were known

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9 The Bulgarian state left it to the municipalities to decide on prostitution on their own. In 1882 the municipal councilors in the capital passed a decree establishing a department for the examination of “public women” within the city health service. The first municipality to regulate the operation of a brothel on its territory was Berkovitsa in Lom district, which issued regulations and obligatory registration for prostitutes. In 1889–1892 similar regulations were adopted in almost all municipalities of the larger towns.

[To] supply “prostitution goods” to meet local needs. [...] Within Lom, the majority of prostitutes were of Vlach and Magyar descent, with smaller numbers from Bulgarian, Serbian, German, and Jewish backgrounds (Basanovich 1891, 124–133).

Basanavičius identified various pathways of transmission, including infected soldiers returning from towns where they had served, or workers coming back from labour abroad, but also unhygienic living conditions.

Often, from the seventh to the eighth month, children are given different food, the same food as adults: they take chewed food, which not only mothers but also foreign women give by mouth – a circumstance that often contributes to the spread of syphilis and other diseases (Basanovich 1891, 83).

The sick and the healthy live together, eat and drink from the same vessels, cups, etc., use the same spoons, etc. (Basanovich 1891, 182).

The different routes of transmission indicate that there were two types of syphilis – the sexually transmitted disease and the endemic syphilis, which is spread by unhygienic way of life.

Basanavičius was in favour of implementing prevention through strict administrative measures and strengthening the sanitary police. While he did not support the abolition of prostitution, he advocated for stricter regulation: “More dangerous is clandestine prostitution, which should be regulated and controlled more strictly” (Basanovich 1891, 183). His efforts to enforce medical standards – through diagnosis and treatment – were part of the state’s broader attempts to regulate sexual behaviour. The treatment for syphilis patients is not explicitly described; Basanavičius emphasised isolation.<sup>10</sup> By 1881, syphilis treatment in state hospitals was made free of charge by decree. In 1889, at Basanavičius’ suggestion, the county hygiene council decreed that all syphilitic patients must be sent for immediate treatment upon diagnosis. The new hospital in Lom included special wards for syphilis, with separate wards for men and women, each with 10 beds. Yet, as Basanavičius complained, these provisions were woefully insufficient to meet the demand.

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<sup>10</sup> At that time, syphilis treatment included the use of different laxative plants, mercury and bismuth salts, all of which triggered multiple adverse reactions.

Although Dr. Basanavičius identified the various factors contributing to the spread of “venereal diseases” and acknowledged the role of men, his moral judgment targeted women “prostitutes and even married women who gave in to debauchery (*razvrat*)” (Basanovich 1891, 134).

He also equated unmarried motherhood with debauchery, quoting the influential Bulgarian ethnographer Dimitar Marinov:

In the old days, if a maiden gave birth, it was considered a disgrace not only to the maiden, her parents, and all her kin, but even to the whole village. Nowadays such occurrences happen annually, not to say monthly, and the population looks upon them as a commonplace (Basanovich 1891, 38).

Basanavičius expressed regret that, unlike other European states such as France and the Austro-Hungarian Empire, Bulgaria lacked statistical data on illegitimacy (Basanovich 1891, 138). The pathologisation and regulation of sexual behaviour reflected the increasing surveillance of sexuality by medical authorities. This trend contributed to the reinforcement of conservative, patriarchal attitudes toward sexuality.

At the same time, medical professionals like Basanavičius played a critical role in challenging patriarchal norms. He was particularly critical of the treatment of women as mere “labour force” and the practice of marrying young boys to older women in order to secure domestic labour, often leaving both women and young men with no freedom of choice. He observed:

It is not uncommon for physically underdeveloped 15- or 16-year-old boys to be married to 20- to 25-year-old women. The underdeveloped man is not always able to satisfy the sexually mature woman, and this often leads to divorce. Moreover, women grow old faster than men, which can demoralise men, leading them to seek younger, more attractive women. However, the most detrimental impact of such physical immaturity on parents is seen in their children, who are often weak and prone to various diseases (Basanovich 1891, 33–34).

In the context of nineteenth-century thought, discussing sexuality was deemed inappropriate. Yet, by questioning traditional practices, Basanavičius became one of the first to address sexuality openly in a publication, advocating for the sexual satisfaction of women as well. His acknowledgement that women also have sexual

desires and needs represented a significant departure from the traditional view that centered solely on male pleasure. This medical discourse would eventually contribute to the development of a more egalitarian understanding of sexual relationships, emphasising mutual satisfaction rather than just procreation – a shift which would only fully emerge decades later.

However, the issue remains complex. Despite having knowledge of various plants with contraceptive properties, most of the peasant population at the time lacked the means to safely prevent unwanted pregnancies. Pregnancy and childbirth posed significant dangers to women, with no guarantees of survival. In this context, the pursuit of physical pleasure might have seemed insignificant compared to the risks involved in sexual activity.<sup>11</sup>

Basanavičius also argued against the common practice of blaming women for male impotence and criticised customs such as virginity testing, which served to control women's sexuality and reinforce patriarchal norms. He writes:

If the first coitus is unsuccessful – often due to impotence – blame is not placed on the man but on the bride, who is labeled “dishonest”. Sometimes, the young man, under pressure from his mother, will “rape” the hymen with a stick or a nail to make intercourse possible, thus drawing blood to “prove” the virginity of the bride to the interested parties, especially grandmothers (Basanovich 1891, 80).

Basanavičius recounts the tragic case of a bride who died after being subjected to this violent act. He uses the term “rape”, a legal term in common law, even though rape within marriage or within the family was not considered a public concern at the time. By highlighting the lack of medical justification for such customs, Basanavičius tried to challenge the validity of these practices and, to some degree, promote women's autonomy over their bodies.

### Medicalisation of reproduction: Childbirth, abortion, contraception

Basanavičius sought to establish medical standards and to convince the villagers to seek treatment (Basanavičius 1921, 174). In 1891, he observed that modern medical care had limited reach in the district, primarily due to distrust of medical professionals, a shortage of personnel, and the persistence of folk medicine and

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<sup>11</sup> On the antisexual teaching of Christianity, which could be perceived as more liberating than constrictive, see Levin (1989).

local healers. Contradicting his earlier observation that women “give birth easily – 12–15 or more children” (Basanovich 1891, 32), Dr. Basanovičius notes:

There are no midwives with special education in the district. In both villages and towns, nearly every old woman claims to understand midwifery. Since obstetric care is provided by uneducated, ignorant and superstitious (*sueverni*) old women, it is improper midwifery that often results in women in labour suffering from various puerperal conditions (Peri-et Parametritis, Endometritis, Ruptured uterus, Perineum, Metrorrhagia, etc.) [capital letters original – A.K.], leading to a high mortality rate. Even in cities, elderly women (*babi*) wield such authority over women in labour that they rarely seek medical help (Basanovich 1891, 152–153).

In traditional culture, pregnancy and childbirth were regarded as normal, natural processes. The use of medical terminology served to elevate the symbolic capital of medicine, positioning doctors, particularly gynecologists, as the competent providers of care, in contrast to local healers. This created a competitive dynamic, with a financial dimension, as medical services – both private and state-funded – were fee-based. Medical professionals positioned themselves as essential to ensuring safe childbirth, enforcing the belief that medical intervention was necessary for positive outcomes. This competition carried an explicit gender bias – Dr. Basanovičius’ criticism targeted the “uneducated, ignorant and superstitious *babi* [old women]” (Basanovich 1891, 153). Such criticism was frequently voiced by male intellectuals, doctors and politicians. Debates about the role of midwives, and the need for their specialised education, began in the Balkans during the first half of the nineteenth century (Terziev 2023).

During the late nineteenth and early twentieth century, abortion was criminalised in most European countries and the United States, driven by moral, religious and medical arguments. In the Ottoman Empire, legal regulations surrounding abortion began in the late eighteenth century, culminating in its prohibition under the Imperial Penal Code of 1858. The Tanzimat reforms of the 1860s prohibited anyone without a diploma from the Constantinople Military Medical School or an accredited foreign medical institution from practicing medicine. In the 1870s, the restrictions extended to non-professional pharmacists. While the activities of local midwives (*babi*/old women) were not outright banned, they were held criminally liable if they administered herbs or used certain instruments during childbirth that could harm the fetus or cause abortion (Terziev 2023; Balsoy 2013).

This legal framework marked the beginning of a pronatalist policy in the Ottoman Empire, primarily targeting the Muslim population in response to declining birth rates and a growing Christian population (Düzbakar 2006; Demirci, Somel 2008). This determined the different intensity in its implementation, influenced by resource allocation, infrastructure development and local authority cooperation. In the Balkans, Ottoman laws remained largely unknown and unenforced.

The Ottoman regulations remained in force in the Principality of Bulgaria until 1896 when a new Penal Code was introduced, criminalising abortion. Despite the passage of this law, abortion and sexual behaviour remained closely tied to the Church's authority. The Orthodox Church, like other Christian denominations, maintained a firm stance against abortion, considering it a grave sin equivalent to murder. This view was grounded in theological beliefs about the sanctity of life and the moral responsibilities of individuals, reflecting a broader cultural and religious context that upheld traditional family values.<sup>12</sup>

The intersection of religious teachings and traditional beliefs created a complex landscape when it came to abortion. While the Orthodox Church sought to impose stricter moral guidelines aligned with its teachings on life and sin, local customs were more lenient, particularly regarding early pregnancy termination before quickening. Before quickening, pregnancy was viewed as simply a missed menstrual cycle rather than the presence of a fetus. Miscarriage was a private, often dramatic experience that most women had to face. Early abortions were socially acceptable and not labelled as "abortion". Women, often with the assistance of midwives, used herbal remedies and techniques to prevent unwanted pregnancies and manage fertility. Basanavičius describes these practices:

In order not to become pregnant *after every intercourse* [italics original – A.K.] some women sniff with their noses, others insert with great art thin sticks made of opium and *Tutkal* into the uterus, and others insert pieces of spunger (sic!) in the vagina; the last two ways are practiced more in the cities. To produce abortion, they use some roots and sticks of the cherry tree, which they insert into the uterus; they also use for example camphoram, crocum sat. and some others internally for the same purpose (Basanovich 1891, 81).

The quote shows how widespread and common the use of the traditional practices was. The doctor's perspective Basanavičius adopts reflects the tension between tra-

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12 On discussions on the Balkan family model(s), see Todorova (1997); Kaser (2008).

ditional and modern medical practices, but in both traditional and early modern medicine, reproduction, contraception and abortion were the exclusive responsibility of women. Basanavičius expressed concern about these methods, portraying them as dangerous. At the same time, the masculine-inflected knowledge he acquired from these women's practices, herbal remedies and customs – knowledge shared with him by local women – demonstrates his engagement with the lived experiences of women and the routines of midwives. Traditional midwives were valued for their ability to manage fertility and childbirth effectively, as their understanding of community needs enabled them to provide relevant, personalised care. Abortion was considered a woman's issue and there was a tradition among women to control and limit their childbearing. The social acceptance of abortion suggests a popular ethic that ignored the law and the official views of religion.

Basanavičius also showed an understanding of women's needs for abortion. In his autobiography, he writes "On August 17, 1884, I performed the extraction of the fetus" (Basanavičius 1921, x). The woman and the small mountain village she came from were named, underlining the exceptional nature of the event and the importance Dr. Basanavičius attached to it. There was no evidence (or fear) of persecution. At the time, there were no serious legal consequences for women who sought abortion or for practitioners who assisted them. This situation would change in the decades to come.

The professionalisation and training of healthcare providers gained momentum with the establishment of nation-states. State awareness of maternal health increased, driven by biopolitical concerns and a focus on birth rates. Basanavičius kept statistics on births, categorised by sex, and even on conceptions, calculated against the number of births, accompanied by medical-psychological observations:

The least number of conceptions falls on the months of June–July, no doubt due to the exhaustion of the organism from hard physical labour, and consequently the weakening of sexual activity; similarly, the month of March, when Easter fasts are usually observed, sees the least conceptions, so the fewest births occur in the months of March–April and December (Basanovich 1891, 137).

Basanavičius attributed the high mortality rate among women aged 15 to 55 to childbirth and pregnancy-related illnesses, but lacked the means to gather statistics on maternal mortality and abortion. However, he did provide detailed statistics on the high infant mortality rate, noting:

The highest mortality rate is in the age group 0–1 and 1–5 years, 13.3% of all newborns usually die within the first year. This phenomenon undoubtedly depends on the unfavourable conditions in which the young organism of new-born children find themselves, and the consequent absence of rational care. The same causes mentioned above, on the one hand, combined with widespread diphtheritis on the other, account for the large mortality rate among children aged 1–5 years. In general, the highest mortality occurs in the 0–10 age group, typically around 25% (Basanovich 1891, 139–140).

The focus on medicalised care based on concerns about safety and efficacy led to public health initiatives aimed at improving maternal and infant health outcomes. While professionalised medicine promised safer childbirth and better reproductive health care, it also reinforced gendered hierarchies, as women's bodies were increasingly regulated by male-dominated medical and legal institutions. At the same time, cultural and religious beliefs continued to shape attitudes toward women's reproductive choices, creating a complex landscape in which women navigated the competing pressures of tradition, religion and modern medical practices.

## Conclusion

Jonas Basanavičius's life reveals a unique intersection of medicine and politics, and accentuates the complexities of identity and state-building in (Eastern) Europe during the late nineteenth and early twentieth century. His work highlights the early stages of academic medicine's rise in the Bulgarian nation-state, when health became an issue of governance. As a medical professional, Basanavičius helped shape norms around health and illness, influencing societal perceptions of proper hygiene and reproductive health. While medicine led to improvements in healthcare, it also became a tool for population surveillance.

Basanavičius made some significant contributions toward questioning patriarchal norms (such as recognising women's sexual needs and criticising traditional practices like forced virginity testing), but broader societal and institutional structures of patriarchy persisted in the way sexuality was regulated and medicalised.

In the long term, the medicalisation of sexuality, childbirth and reproductive care brought significant advancements in maternal and infant health. However, it also resulted in the pathologisation and marginalisation of traditional midwife-



ry and a loss of autonomy for women. Understanding how these processes unfolded, and how public perceptions and policies surrounding reproductive health evolved, requires further research into the roles of individuals, including medical staff, lawyers, politicians and “ordinary people”.

## Bibliography

- Balsoy G. 2013. *The politics of reproduction in Ottoman society, 1838–1900*. Routledge.
- Basanavičius J. 1921. *Mano gyvenimo kronika ir nervų ligos istorija, 1851–1922* [The chronicle of my life and the story of my nervous disease, 1851–1922]. <http://antologija.lt/text/jonas-basanavicius-mano-gyvenimo-kronika>, accessed January 13, 2025.
- Basanovich I. 1891. Материали за санитарната етнография на България. Ломският окръг (1880–1889) [Materials on the sanitary ethnography of Bulgaria, Lom County (1880–1889)] [in:] *Сборник за народни умотворения, наука и книжнина*, кн. 5 [Proceedings of folk minds, science and literature, 5]. Министерство на Народното просвещение [Ministry of People’s Education], 3–185.
- Clewing K. 2011. Staatensystem und innerstaatliches Agieren im multiethnischen Raum: Suedosteuropa im langen 19. Jahrhundert [in:] K. Clewing, O.J. Schmitt (eds), *Geschichte Suedosteuropas. Vom fruehen Mittelalter bis zur Gegenwart*. Friedrich Pustet Verlag, 432–553.
- Daskalov R. 2005a. *Българското общество 1878–1939. Т. 1. Държава. Политика. Икономика* [The Bulgarian society 1879–1939. 1. State. Politics. Economy]. Gutenberg.
- Daskalov R. 2005b. *Българското общество 1878–1939. Т. 2. Население. Общество. Култура* [The Bulgarian society 1879–1939. 1. Population. Society. Culture]. Gutenberg.
- Demirci T., Somel S.A. 2008. Women’s bodies, demography, and public health: Abortion policy and perspectives in the Ottoman Empire of the nineteenth century. *Journal of the History of Sexuality* 17(3), 377–420. DOI:10.1353/sex.0.0025
- Dimitrov S., Manchev K. 1999. *История на балканските народи*, т. 2: 1878–1918 [History of the Balkan peoples. Vol. 2: 1878–1918]. Парадигма [Paragidma].
- Düzbakar Ö. 2006. Abortion in the Islamic-Ottoman legal systems. *Journal of the International Society for History of Islamic Medicine* 5, 28–38.

- Foucault M. 1998. *The history of sexuality*. Vol. 1: *The will to knowledge*. Penguin.
- Foucault M. 2003. "Society must be defended". *Lectures at the Collège de France, 1975–76*. Picador.
- Kaser K. 2008. *Patriarchy after patriarchy. Gender relations in Turkey and in the Balkans, 1500–2000*. LIT.
- Kovacheva Ts. 2011. Приносът на д-р Йонас Басановичюс за развитието на Варна [The contribution of Dr. Jonar Basanovičius to the development of Varna] [in:] R. Rusev, T. Trayanov, Y. Boyadzhiev (eds), *Известия на съюза на учените – Варна. Културното наследство на Варна* [Proceedings of the Union of Scientists – Varna. The cultural heritage of Varna], 71–76. [https://su-varna.org/izdanij/Kult-nasledstvo-2011/pages\\_71-76.pdf](https://su-varna.org/izdanij/Kult-nasledstvo-2011/pages_71-76.pdf), accessed January 13, 2025.
- Levin E. 1989. *Sex and society in the world of the Orthodox Slavs, 900–1700*. Cornell University Press.
- Manchev K. 2006. *История на балканските народи*. т. 1: 1352–1878 [History of the Balkan peoples. Vol. 1: 1352–1878]. Парадигма [Paradigma].
- Marinov G. 2015. Dr. Jonas Uro Basanavichius – Regular member of the Bulgarian Literary Society and founder of anthropological researches in Bulgaria. *Acta Morphologica et Anthropologica* 21, 159–162.
- Marinov G., Marinova Z. 2001. Д-р Йонас Юро Басанавичус и неговият принос за развитието на здравното дело в Ломския окръг (1880–1892) [Dr. Jonas Juro Basanovicius and his contribution to the development of health care in Lom county (1880–1892)]. *Асклепий* [Asclepius] 13, 110–115.
- Medical University – Varna. 2018. *Participation of the Lithuanian scientist Dr. Jonas Basanovicius in the life of Varna Medical Society*. [https://www.mu-varna.bg/EN/Pages/News\\_VMD.aspx](https://www.mu-varna.bg/EN/Pages/News_VMD.aspx), accessed December 11, 2024.
- Milanov R. 2020. Бащата на литовската нация д-р Йонас Басановичюс – виден лекар на хората от Северозападна България [The father of the Lithuanian nation Dr. Jonas Basanovicius – a prominent doctor of the people of Northwestern Bulgaria]. <https://severozapazenabg.com/бащата-на-литовската-нация-д-р-йонас-ба/>, accessed January 13, 2025.
- Promitzer C. 2014. "Cultures of defeat": Reflections on the adoption of German racial anthropology and racial hygiene in Bulgaria (1878–1941). *Zeitschrift für Balkanologie* 50(1), 42–60.
- Stamatopoulos D. 2018. *The Eastern question or Balkan nationalism(s). Balkan history reconsidered*. V&R Unipress.

- Sundhausen H. 2011. Suedosteuropäische Gesellschaft und Kultur vom Beginn des 19. bis zur Mitte des 20. Jahrhunderts [in:] K. Clewing, O.J. Schmitt (eds), *Geschichte Suedosteuropas. Vom frühen Mittelalter bis zur Gegenwart*. Verlag, 345–431.
- Terziev V. 2023. *Здравната просвета в българското общество през XIX век (до 1878 г.)* [Health education in Bulgarian society in the nineteenth century (until 1878)]. Авангард Прима [Avangard Prima].
- Todorova M. 1997. *Imagining the Balkans*. Oxford University Press.
- Valanciute J. 2002. The 150th anniversary of the birth of Dr. Jonas Basanavičius: A great humanitarian and a great physician, faithful servant of Aesculapius and Lithuania. *Medicina* 38(1), 103–107.

